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<b>SERIAL NUMBER</b> 09/438,989	<b>FILING OR 371(c) DATE</b> 11/12/1999 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> ISIS-4288
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/352,058 07/14/1999 PAT 6,440,943  
and is a CON of 09/115,027 07/14/1998 PAT 6,242,589

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

12/10/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

32650

## TITLE

GAPPED OLIGOMERS HAVING SITE SPECIFIC CHIRAL PHOSPHOROTHIOATE INTERNUCLEOSIDE LINKAGES

<b>FILING FEE RECEIVED</b> 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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